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CANADIAN JOURNAL OF OPTOMETRY | REVUE CANADIENNE D'OPTOMÉTRIE

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National Government Relations Strategy

Stratégie nationale de relations avec les gouvernements

BY / PAR KIRSTEN NORTH, OD, PRESIDENT CAO

In 2009, the CAO Council established a new five year strategic plan that included Government Relations (GR) as a key strategic direction. The plan included several actions including:

- Consider hiring a staff person responsible for government relations and public policy.
- Respond to the call for a National Vision Strategy by the National Coalition for Vision Health. Participate and influence.
- Achieve federal regulation of cosmetic contact lenses.
- Establish a Key Person Political Program.
- Show concrete examples of influencing public policy so that it has a positive impact on optometry and optometric patients.

The legislation in British Columbia was a stimulus to move quickly in providing national support to CAO members in B.C. We provided resources including funds, staff and external expertise. Some of these efforts are ongoing to this day.

An important action was the hiring of Mr. Dana Cooper, Director, Government Relations and Public Policy. Mr. Cooper is a seasoned association executive who has already shown results at a national level and providing support to CAO members and the provincial associations/regulatory bodies. He prepared a Government Relations Strategy that will provide a roadmap for CAO. The strategy will be presented at the Optometric Leaders' Forum in late January, 2011.

For the past several years, CAO has used an outside GR firm in providing advice and assisting in this area. We expect that CAO will continue to need outside resources, this will be done on a project-by-project basis.

There is no doubt about the importance of influencing government including both elected and staff officials. There is an ongoing need by CAO, provincial associations, and most importantly by individual members. It really doesn't matter if your interests are at a civic, provincial or national level.

Get involved.

En 2009, le Conseil de l'ACO a établi un nouveau plan stratégique sur cinq ans axé principalement sur les relations avec les gouvernements (RG). Ce plan comprend plusieurs mesures :

- Songer à embaucher un membre du personnel pour lui confier le dossier des relations avec les gouvernements et de la politique publique.
- Répondre à l'appel d'une stratégie nationale de la vision lancé par la Coalition nationale en santé oculaire. Participer et influencer.
- Faire adopter un règlement fédéral sur les lentilles de contact à but esthétique.
- Mettre sur pied un programme politique de personnes clés.
- Donner des exemples concrets d'influence de la politique publique en vue de son effet positif sur l'optométrie et les patients optométriques.

La loi adoptée en Colombie-Britannique nous a incités à accorder rapidement un soutien national aux membres de l'ACO en C.-B. Nous avons mis à leur disposition des ressources financières et humaines de même qu'un expert externe. Une partie de ces efforts se poursuivent à ce jour.

L'embauche de M. Dana Cooper à titre de directeur, Relations avec les gouvernements et

politique publique, a été une mesure importante. M. Cooper est un dirigeant d'association chevronné qui a obtenu des résultats à l'échelle nationale par son soutien aux membres de l'ACO et aux associations provinciales et organismes de réglementation. Il a rédigé une stratégie de relations avec les gouvernements qui servira de carte routière pour l'ACO. Cette stratégie sera présentée au Forum des dirigeants optométriques à la fin de janvier 2011.

Depuis quelques années, l'ACO bénéficie des conseils et de l'aide d'un cabinet de RG qu'elle a embauché à cette fin. Nous nous attendons à ce que l'ACO continue d'avoir besoin de ressources externes en fonction des projets qui seront entrepris.

L'importance des relations avec les gouvernements, notamment avec les élus et leur personnel, ne fait pas de doute. C'est un besoin que l'ACO, les associations provinciales et, plus important encore, les membres individuels éprouvent continuellement, que ce soit au niveau municipal, provincial ou national.

Participez.

Canadian School Representatives meet at UAB

Clinic Directors as well as Externship Directors, from 22 North American schools and colleges of optometry meet on an annual basis to share ideas and administrative tools. This year, the meeting was hosted by the School of Optometry of the University of Alabama in Birmingham (UAB). Dr. Tim McMahon, Associate Director of Clinical Affairs from University of Waterloo (UW), Dr. Lisa Christian, Externship Director from UW and Dr. Etty Bitton, Director of Externships from the École d'optométrie, Université de Montréal attended the conference.

Each year, the host school addresses a timely topic for discussion. The Externship Directors discussed evaluation systems, assignment systems (how students are assigned to their externship rotation) as well as the increasing administrative load of these programs. Representatives from affiliated programs, such as the Navy, Army, Veterans Administration and Indian Health Services (IHS) were also onsite to discuss their programs and how students can benefit from those particular environments.

The Clinic Directors tackled clinical management issues including how to manage no-shows, implementation of an electronic medical record (EMR) system, and how to effectively market optometric services in the community. An overview of recent US congress laws affecting health care providers provided insight for the group as to how some of these changes may affect optometry clinics within North America.

Everyone also had a chance to attend an exhibit hall with numerous sponsors to see new products, learn about new academic programs for the students and renew relationships with colleagues and industry representatives.

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CONNECTING VISIONS

Through the client's eyes – service delivery is critical

BY DANA COOPER

You thought you were in the optometry business. In fact, whether you like it or not, you are in the client service business. Regardless of what your business model looks like now or how it will change in the future, one constant will always remain – you are reliant on repeat clients to survive.

Another reality is that clients' needs can be fulfilled by many businesses in addition to yours. There are other providers who can perform eye health examinations or provide brand name corrective eyewear that satisfy the needs of the clients. *How* you provide service to your clients is what makes you unique. You and your team will need to exploit this uniqueness.

You can break down the client service into two critical elements: the tangible, and the emotional. The tangible relates to the product or service you provide to your client. The emotional involves the interactions you have with your clients in providing that product or service, or the client experience.

Your business will be evaluated on both – the degree to which your products and services satisfy the underlying need, and how pleasurable and satisfying the client experience is for them. However, it will be the client experience that clients will remember most, and will be a primary determinant as to if they come back again. Even the best products can be overcome by a shoddy experience. In other words, bad service can taint the entire organization.

If you want to ensure your current clients have regular eye health examinations or ensure they do not buy glasses or contacts from the internet, then you must give them a reason. That reason needs to be you and your team. Human beings are social animals and want to develop relationships that help them to satisfy their needs. People change service providers because they are dissatisfied with the relationship they have with their existing service provider. Clients are literally yours to lose!

What about price? If you do not excel at differentiating the experience people have interacting with your business, then price will be all that matters to clients. However, if you can engage the clients, develop trust, and provide a pleasurable experience, price will definitely be secondary.

Providing an experience that is intended to build a relationship with the client is the key. What we are talking about here is not a system or a strategy – it is an attitude – a genuine and sincere desire to provide exceptional service quality to all clients. With that attitude comes a long term perspective of the lifetime value of the customer that drives strategy to engage the clients.

For instance, consider a computer retailer. A computer store would be leaving a considerable opportunity on the table if they just considered clients in terms of a *computer* sale. To be successful, they should be embracing clients in terms of their future needs for service, a buyer of peripherals, software, computer upgrades, etc. Knowing that people typically look to upgrade every three years, computer stores will obtain a high percentage of repeat business, if they initiate communication with the client after three years, and if the initial experience for the client was good. This opportunity is only available if the initial customer experience was positive. Make it easy for the client to continue the relationship.

Optometrists have these same opportunities. Repeat service reminders to clients whose last eye examination was 1¾ years ago would earn a greater number of repeat examination clients than if a reminder was not provided. A frame sale would be of interest to customers who purchased glasses three or more years ago. There is a multitude of similar opportunities right in front of you that you can define and provide to clients that will be a valuable and appreciated service. Can your database do this?

"Nobody cares how much you know... until they know how much you care."

– Theodore Roosevelt

'Know Your Customers' equals 'Build Relationships'

There are few things more powerful to the client than to be recognized and referred to by name. Over time it can become fairly easy to recognize repeat clients. For those who are not recognizable yet, optometrists have an advantage as much of their business is by appointment, so an educated guess as to who is walking through the door at a given moment will likely be successful. Even if that is not doable, after giving their name and calling up their record on the database it should be easy for a team member to see their history with the business and engage in conversation such as, "How are those new contact lenses working for you?".

Your database is a critical component to being able to personalize your service to your clients. It tells you who they are, what they need from you, how valuable they are to your business, and what you can do for them. The more personal we can make the service experience the more successful we will be at building relationships.

Anytime you can use a client's name, talk to them about their experience with the company or differentiate them from the pack, they will remember and appreciate your efforts. Little things such as this go a long way to developing the type of relationship you are looking for with your clients.

Similar Basic Needs of All Customers

While the quality of a client experience is defined by individual perceptions, we can identify similar basic needs which all clients possess and that can have a dramatic impact on the quality of client experience you provide. Ask yourself these questions:

- What are we doing to make clients feel welcome? How can we greet them warmly?
- What can we do to ensure that our clients feel important?
- How can we show them that satisfying their needs is a role we take seriously?
- How can we make clients feel comfortable? (In store, on the phone, on our website.)
- Is there something we can do better, so that our clients feel listened to and understood?
- What will you do for that client to indicate you appreciate their business?

Indifference is Death

Quality service delivery does not mean perfect service delivery. Mistakes are going to happen. The reality is though, problems arise not because mistakes happen, but rather how the service provider reacts to those mistakes. Indifference is death!

Client service satisfaction is increased exponentially if problems are dealt with promptly and efficiently. Staff must be empowered to deal with service issues as they arise. It will be considerably more expensive to lose a client (and replace that client with a new one) than it will be to train and empower staff on overcoming service failures and providing them with the latitude it takes to present superior client experience. This is again part of the attitude that goes along with being a breakthrough service organization.

A study by McKinsey and Company indicated that clients whose complaints are properly dealt with may become more loyal than those who have never experienced problems. This does not suggest

Elements to Exceptional Service

You will be evaluated on 2 key factors to customer service:

- Tangible: this is the product or service that can satisfy the need of the client (vision examination, corrective eyewear, etc.)
- Emotional: how pleasurable and satisfying the client service experience was

> "A client's intention to repurchase doubles from 9 to 19% simply by having a forum to complain."
>
> *– McKinsey & Co.*

that you should intentionally create problems to solve for your clients. However, the organization's eagerness to solve a problem and improve performance builds the client's trust and translates into future business.

No Time for Complacency

If you do not hear any client service complaints do not assume that everything is alright. Clients will not complain 96% of the time. For every complaint that is heard there are 26 more that you do not hear about! Of those, six are serious. Studies indicate that 90% of clients who have experienced a problem do not return – that is unless you had a relationship with them (Retail Council of Canada). That is one of the values of having a relationship with your customers – forgiveness.

If there is a problem with the client experience you are providing, you want to know about it. The problem, as noted above, is that people avoid mentioning when they do have a problem. Conflict avoidance is typical human nature. It should be an expressed priority for your business to hear from your clients when they have good and bad things to say. You need to find some way to make it easy for clients to tell you what they are thinking.

More clients will walk through the door if you open it for them. What this means is, that if you make a *sincere* inquiry with the client such as, "Were you satisfied with your visit with us today?", you will get sincere feedback from them. This question will elicit a 'yes' or 'no' response. A 'no' response should be queried further. A 'yes' response can be followed-up with, "Was there anything more we could have done today to make your visit more pleasurable?". This last follow-up is intended to be a second query to elicit information from the customer and may also provide valuable information.

A few important points about client feedback should be made. First, make sure it is recorded in the database, or written down as the customer provides it. Secondly, use the information to improve the client experience your business provides. If you start to see multiple mentions of similar problems – take action. The best client experience businesses would do this and would also follow-up with the clients to tell them how their feedback helped the business.

Finally, do everything you can to avoid stock questions that are anything but sincere such as the "How are you today?" or "May I help you?" genre of questions. It is difficult to be sincere when you are the same as 97% of the service businesses people experience regularly. Engage the clients with sincerity that expresses an interest to connect. If you show genuine interest, more often than not the client will return the sentiment.

Bottom Line

Every encounter with a client, whether face-to-face, on the phone, via mail, or on the internet, is an opportunity to further develop that relationship and ensure they return for another visit. It is an opportunity to get feedback from them, and also an opportunity for you to show you care about them and appreciate their trust.

Great service is a genuine interest and desire to effectively satisfy the needs of the client in a pleasurable and enjoyable manner. It is an attitude. It is little things like smiling, eye contact, and listening that show you care – these things make a huge difference to people in general and an even larger difference to your clients.

Satisfying the need the client comes to you with is a very minor aspect of how you will be evaluated as a business. The journey to fulfilling that need is where the clients' perceptions will focus. Adding warmth and pleasure to the experience, makes you a business people want to have a relationship with.

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ALREX® (loteprednol etabonate) Ophthalmic Solution 0.2% is indicated for temporary short-term relief of the signs and symptoms of seasonal allergic conjunctivitis.

Alrex® is for ophthalmic, short-term use only (up to 14 days). If Alrex® is used for 10 days or longer, intraocular pressure should be monitored.

Alrex® is contraindicated in suspected or confirmed infections of the eye: viral diseases of the cornea and conjunctiva including epithelial *herpes simplex* keratitis (dendritic keratitis), vaccinia, and varicella; untreated ocular infection of the eye; mycobacterial infection of the eye and fungal diseases of ocular structures; hypersensitivity to this drug or any ingredient in the formulation or container, or to other corticosteroids.

Reactions associated with ophthalmic steroids include elevated intraocular pressure, which may be associated with optic nerve damage, visual acuity and field defects, posterior subcapsular cataract formation, secondary ocular infection from pathogens including *herpes simplex,* and perforation of the globe where there is thinning of the cornea or sclera.

In clinical studies, adverse events related to loteprednol etabonate were generally mild to moderate, non-serious and did not interrupt continuation in the studies. The most frequent ocular event reported as related to therapy was increased IOP: 6% (77/1209) in patients receiving loteprednol etabonate, as compared to 3% (25/806) in the placebo treated patients.

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References: 1. ALREX Product Monograph, December 22, 2008

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PrAlrex®
loteprednol etabonate
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PrAlrex®

(loteprednol etabonate ophthalmic suspension 0.2% w/v)

Prescribing Summary

Patient Selection Criteria

THERAPEUTIC CLASSIFICATION

Corticosteroid

INDICATIONS AND CLINICAL USE

Alrex® (loteprednol etabonate) Ophthalmic Suspension is indicated for temporary short-term relief of the signs and symptoms of seasonal allergic conjunctivitis

CONTRAINDICATIONS

Suspected or confirmed infection of the eye: viral diseases of the cornea and conjunctiva including epithelial herpes simplex keratitis (dendritic keratitis), vaccinia, and varicella; untreated ocular infection of the eye; mycobacterial infection of the eye and fungal diseases of ocular structures; hypersensitivity to this drug or any ingredient in the formulation or container, or to other corticosteroids.

SPECIAL POPULATIONS

Use in Pediatrics (< 18 years of age):

Alrex® should not be used in pediatric patients.

Use in Geriatrics:

Alrex® should not be used in geriatric patients. The safety and efficacy of Alrex® have not been established in patients > 65 years of age.

Pregnant Women:

Alrex® should not be used in pregnant women, unless the benefit clearly outweighs the risks. Studies in pregnant women have not been conducted.

Nursing Women:

Alrex® should not be used in lactating women, unless the benefit clearly outweighs the risks.

Safety Information

WARNINGS AND PRECAUTIONS

General

For ophthalmic, short-term use only (up to 14 days).

The initial prescription and renewal of Alrex® should be made by a physician only after appropriate ophthalmologic examination is performed. If signs and symptoms fail to improve after two days, the patient should be re-evaluated. If Alrex® is used for 10 days or longer, intraocular pressure should be closely monitored.

Prolonged use of corticosteroids may result in cataract and/or glaucoma formation. Alrex® should not be used in the presence of glaucoma or elevated intraocular pressure, unless absolutely necessary and close ophthalmologic monitoring is undertaken. Extreme caution should be exercised, and duration of treatment should be kept as short as possible.

Alrex® should not be used in cases of existing (suspected or confirmed) ocular viral, fungal, or mycobacterial infections. Alrex® may suppress the host response and thus increase the hazard of secondary ocular infections. The use of Alrex® in patients with a history of herpes simplex requires great caution and close monitoring.

Alrex® contains benzalkonium chloride.

Alrex® has not been studied in pregnant or nursing women, but has been found to be teratogenic in animals. Alrex® should not be used in pregnant or nursing women unless the benefits clearly outweigh the risks.

Carcinogenesis and Mutagenesis

Long-term animal studies have not been conducted to evaluate the carcinogenic potential of loteprednol etabonate. Loteprednol etabonate was not genotoxic *in vitro* in the Ames test, the mouse lymphoma tk assay, or in a chromosome aberration test in human lymphocytes, or *in vivo* in the single dose mouse micronucleus assay.

Ophthalmologic

Alrex® should be used as a brief temporary treatment. If Alrex® is used for 10 days or longer, intraocular pressure should be closely monitored. The initial prescription and renewal of Alrex® should be made by a physician only after appropriate ophthalmologic examination is performed, ie. slit lamp biomicroscopy or fluorescein staining if appropriate. If signs and symptoms fail to improve after two days, the patient should be re-evaluated.

Prolonged use of corticosteroids may result in glaucoma with damage to the optic nerve, defects in visual acuity and fields of vision, and in posterior subcapsular cataract formation. Alrex® should not be used in the presence of glaucoma or elevated intraocular pressure, unless absolutely necessary and careful and close appropriate ophthalmologic monitoring (including intraocular pressure and lens clarity) is undertaken.

Corneal fungal infections are particularly prone to develop coincidentally with long-term local steroid application. Fungus invasion must be considered in any persistent corneal ulceration involving steroid use. Fungal cultures should be taken when appropriate.

Prolonged use of corticosteroids may suppress the host response and thus increase the hazard of secondary ocular infections. In those diseases causing thinning of the cornea or sclera, perforations have been known to occur with the use of topical steroids. In acute purulent conditions of the eye, steroids may mask infection or enhance existing infection.

Use of ocular steroids may prolong the course and may exacerbate the severity of many viral infections of the eye (including herpes simplex). Employment of a corticosteroid medication in the treatment of patients with a history of herpes simplex requires great caution.

Formulations with benzalkonium chloride should be used with caution in soft contact lens wearers.

ADVERSE REACTIONS

Overview

Reactions associated with ophthalmic steroids include elevated intraocular pressure, which may be associated with optic nerve damage, visual acuity and field defects, posterior subcapsular cataract formation, secondary ocular infection from pathogens including herpes simplex, and perforation of the globe where there is thinning of the cornea or sclera.

In nineteen clinical trials ranging from 1 to 42 days in length, 1,209 patients received various concentrations of loteprednol etabonate in topical ocular drops (0.005%, 0.05%, 0.1%, 0.2%, 0.5%). Adverse events related to loteprednol etabonate were generally mild to moderate, non-serious and did not interrupt continuation in the studies. The most frequent ocular event reported as related to therapy was increased IOP: 6% (77/1209) in patients receiving loteprednol etabonate, as compared to 3% (25/806) in the placebo treated patients.

With the exception of elevations in IOP, the incidence of events in the LE group was similar to, or less than that of the placebo control groups. Itching was reported as related to therapy in 3% of the loteprednol treated eyes, injection, epiphora, burning/stinging other than at instillation, foreign body sensation, and burning/stinging at instillation were each reported for 2% of eyes. The most frequent non-ocular event reported as related to therapy was headache, reported for 1.2% of the loteprednol treated subjects and 0.6% of the placebo treated subjects.

To report an adverse event, contact your Regional Adverse Reaction Monitoring Office at 1-866-234-2345 or Bausch & Lomb at 1-888-459-5000

Administration

One drop instilled into the affected eye(s) four times daily for up to 14 days. If scheduled dose is missed, patient should be advised to wait until the next dose and then continue as before.

SHAKE VIGOROUSLY BEFORE USING. Alrex® should be stored upright between 15°–25°C for up to 28 days after first opening.

The preservative in Alrex®, benzalkonium chloride, may be absorbed by soft contact lenses, and can discolour soft contact lenses. Therefore, Alrex® should not be used while the patient is wearing soft contact lenses. Patients who wear soft contact lenses and whose eyes are not red should wait ten to fifteen minutes after instilling Alrex® before they insert their contact lenses.

Patients should be advised not to wear a contact lens if their eye is red. Alrex® should not be used to treat contact lens related irritation.

SUPPLEMENTAL PRODUCT INFORMATION

WARNINGS AND PRECAUTIONS

Sexual Function/Reproduction

The effects of Alrex® on sexual function and reproduction have not been studied in humans. Treatment of male and female rats with up to 50 mg/kg/day and 25 mg/kg/day of loteprednol etabonate, respectively, (1000 and 500 times the Alrex® clinical dose) prior to and during mating, was clearly harmful to the rats, but did not impair their copulation

performance and fertility (i.e., ability of female rats to become pregnant). However, these doses were highly toxic and had significant toxic effects on the pregnancies, and the survival and development of the offspring. Maternal toxicity, possible occurrence of abnormalities and growth retardation started at 10 times the Alrex® clinical dose.

Neurologic
Disturbances and suppression of the Hypothalamic-Pituitary-Adrenal (HPA) axis can occur with systemic exposure to corticosteroids. However, given the very low systemic exposure to loteprednol etabonate when using Alrex® as directed, these possible effects are not likely.

Endocrine and Metabolism
Glucocorticoids, mostly when systemic exposure occurs, decrease the hypoglycemic activity of insulin and oral hypoglycemics, so that a change in dose of the antidiabetic drugs may be necessitated. In high doses, glucocorticoids also decrease the response to somatotropin. The usual doses of mineralocorticoids and large doses of some glucocorticoids cause hypokalemia and may exaggerate the hypokalemic effects of thiazides and high-ceiling diuretics. In combination with amphotericin-B, they also may cause hypokalemia. Glucocorticoids appear to enhance the ulcerogenic effects of non-steroidal anti-inflammatory drugs. They decrease the plasma levels of salicylates, and salicylism may occur on discontinuing steroids. Glucocorticoids may increase or decrease the effects of prothrombopenic anticoagulants. Estrogens, phenobarbital, phenytoin and rifampin increase the metabolic clearance of adrenal steroids and hence necessitate dose adjustments.
However, given the very low systemic exposure to loteprednol etabonate when using Alrex® as directed, these possible effects are not likely.

Immune
Cortisol and the synthetic analogs of cortisol have the capacity to prevent or suppress the development of the local heat, redness, swelling, and tenderness by which inflammation is recognized. At the microscopic level, they inhibit not only the early phenomena of the inflammatory process (edema, fibrin deposition, capillary dilation, migration of leukocytes into the inflamed area, and phagocytic activity) but also the later manifestations, such as capillary proliferation, fibroblast proliferation, deposition of collagen, and, still later, cicatrisation.

Clinical Trial Adverse Drug Reactions
Possibly or probably related adverse events from two Phase III studies are listed below:

	Alrex® 0.2% N = 133	Placebo N = 135
SPECIAL SENSES (EYE DISORDERS)		
Intraocular Pressure		
- elevation of 6 to 9mm Hg*	2% to 12%*	0% to 6%*
- elevation of ≥10mm Hg	1 (1%)	1 (1%)
Chemosis	6 (5%)	7 (5%)
Vision, Abnormal or Blurred	4 (3%)	5 (4%)
Burning/Stinging, on instillation	3 (2%)	6 (4%)
Itching Eye	3 (2%)	3 (2%)
Dry Eye	2 (2%)	4 (3%)
Burning/Stinging, not on instillation	2 (2%)	2 (1%)
Epiphora	1 (1%)	9 (7%)
Discharge	1 (1%)	3 (2%)
Foreign Body Sensation	1 (1%)	1 (1%)
Discomfort Eye	1 (1%)	0 (0%)
Injection	1 (1%)	0 (0%)
Eye Pain	1 (1%)	0 (0%)
Sticky Eye	0 (0%)	7 (5%)
Erythema Eyelids	0 (0%)	2 (1%)
Eye Disorder	0 (0%)	2 (1%)
BODY AS A WHOLE		
Face Edema (Head)	1 (1%)	0 (0%)
Allergic Reaction	1 (1%)	0 (0%)
MUSCULOSKELETAL SYSTEM		
Twitching	0 (0%)	1 (1%)

* for IOP increase of 6 to 9 mm Hg, please see below

One patient in the Alrex® group and one patient in the placebo group experienced increases in IOP of ≥10 mm Hg. Among these, one in each group had an IOP increase of ≥15 mm Hg, reaching IOP values over 30 mm Hg.
In both studies, there were more patients with IOP increases of 6 to 9 mm Hg in the Alrex® group than in the placebo group (see table below). In study A, among the patients with IOP increases of 6 to 9 mm Hg, four reached an IOP value of 22 to 23 mm Hg, and one patient reached 29 mm Hg and was discontinued (clinically significant increase in IOP). All these five patients were from the Alrex® groups.

Incidence of IOP increases of 6 to 9 mm Hg from baseline
(number of patients and percentages)

	Duration of treatment		
	Day 7	Day 14	Day 28
Alrex®			
Study-A	6 (9%)	6 (9%)	8 (12%)
Study-B	3 (5%)	1 (2%)	4 (6%)
Placebo			
Study-A	0 (0%)	4 (6%)	1 (2%)
Study-B	0 (%)	0 (%)	0 (%)

Due to the sample size for each arm of the two phase III studies in SAC, all events captured are greater than 1% of n.

SYMPTOMS AND TREATMENT OF OVERDOSAGE
For management of suspected accidental oral ingestion or drug overdose, consult your regional poison control centre.
No cases of overdose have been reported.
Full Product Monograph available for health professionals at: http://www.bausch.ca

History of CAO and Optometry in Canada

In February, 2010 we asked our readers if they knew the people in this picture and the circumstances and when was it taken?

A special thanks to Dr. Jack Huber, Dr. Irving Baker, and Dr. Len Koltun for the answer.

CAO President, Dr. Hugh Mackenzie discussing the School of Optometry's move to the University of Waterloo. (Left to Right): Dr. Ted Fisher, Director of the School of Optometry, University of Waterloo); Dr. Hugh MacKenzie; Jim Gilmore (Executive Director of the Canadian Association of Optometrists); Dr. Irving Baker (Registrar, Ontario College of Optometrists), September, 1967

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*Available in early 2011

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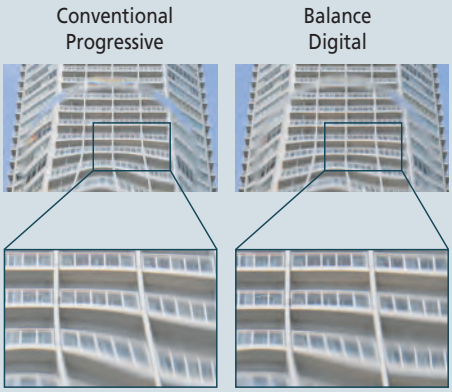
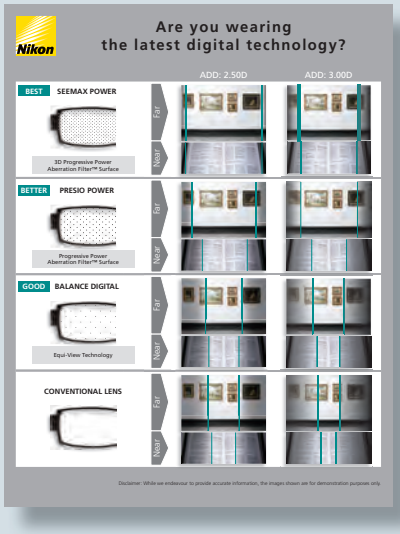


Photos taken with actual lenses

New digital comparison chart

Recommend Balance Digital with the latest Nikon digital comparison chart



www.nikonlenswear.ca 1-800-663-8654

Early referral to CNIB can help patients overcome the challenges of vision loss

BY ROBIN SINGER

Losing vision is too often synonymous with losing independence. When people start to lose their vision, they suddenly appreciate how much they rely on their eyesight. Everyday activities that most of us take for granted, like pouring a morning cup of coffee, reading the newspaper or checking email suddenly become monumental challenges.

Whether people are in the early stages of vision loss or already legally blind, CNIB offers a warm, supportive environment and an array of services including functional low vision assessments to help people make the most of their remaining vision and a wide range of other services – including assistance with things like learning safe indoor and outdoor travel, finding new ways to accomplish daily tasks such as cooking and hobbies, peer support, helpful products and technology and the large CNIB Library of accessible books – all of which can help clients regain their independence and lead fuller lives.

But before CNIB can help, patients need to be referred. That's where eye care practitioners come in. They play a vital role in connecting people with low vision to CNIB. The earlier the referral, the more CNIB can do to make the most of a client's remaining vision.

According to Lee-Anne Cross, Director of Service Quality at CNIB, "Early referral is greatly beneficial to clients, as we can ensure that they receive the support and information they need to successfully cope with their vision loss, and minimize the isolation and distress they may be experiencing."

Dr. George Papadakis is an optometrist who knows first-hand just how much CNIB can help people overcome vision loss. He has referred many of his own patients to CNIB and sees it as a valuable resource.

"People want to do their crosswords, sign a cheque, travel the subway, read a newspaper… things that make them more independent," he says. "When a patient comes in and we determine they're visually impaired, we'll see if we can help them in the office with visual aids. But we can't do it all. A lot of times I'll refer them to CNIB for things that are out of my area of expertise.

What CNIB offers

CNIB works closely with the eye care community to ensure Canadians get the support they need to live well with vision loss and continue to enjoy everyday activities. The organization offers a wide range of services that can help people who are experiencing vision loss.

You don't need to wait until a patient is legally blind to refer them to CNIB. Early referral can help patients get the support they need once they begin to experience vision loss. Their warm, welcoming environment and friendly, expert staff will help patients adjust to their low vision and continue to live a full, active life.

The following are just some of the many services available to Canadians through CNIB.

- Training to maximize independence at home and in the community
- Peer-to-peer emotional support
- Adaptive products and technologies that make the most of remaining vision
- Career and employment services
- Computer training
- Child and family services
- Counselling
- Canada's largest library of audio books

For a complete list of all of the support services CNIB offers, please visit www.cnib.ca.

A common misconception about CNIB is that it's just for people who are legally blind. In fact, 9 out of 10 clients who are referred to CNIB have some remaining vision.

"CNIB can take it to the next level… help them with their needs at home or do a high technology assessment where a vision specialist will sit down with them and show them what their options are, what funding is available, how to incorporate new support tools and techniques into their daily lives. And they can provide other assistance as well – whether it's help finding employment or having [a CNIB specialist] come into their home to show them how to prepare meals or pour a cup of coffee without spilling it."

"A lot of the misconception is that people think they need to be legally blind to go to CNIB," says Dr. Papadakis. "But there are people who are considered to have low vision; they can't drive, they can't read properly, and they can be helped by CNIB… It's a shame that this assistance is available and a lot of the time people don't realize help is there."

Dr. Kashif Zoberi, also an optometrist, shares the same high regard for CNIB. His clinic has had a relationship with CNIB since 1998.

"I believe it's an extremely valuable service because it gives patients the ability to utilize their residual vision and to function in their activities of daily living," he says. "If it were not for CNIB, I think a majority of patients who have seen specialists would be left in limbo. If they didn't have that service they would be devastated by their vision loss."

Dr. Zoberi recalls the story of one patient with vision loss who was referred to CNIB. When she came to the charity for the first time, she was already classified as legally blind. The support services they provided – including mobility services and in-house training – coupled with the best possible magnifiers and optical aids, brought her vision to 20/100 – still visually impaired but not legally blind – and enabled her to regain her independence.

"That rehabilitative intervention brought back all those daily activities," says Dr. Zoberi. "That in itself is an enormous impact that CNIB has every day on patients' lives. And, to be there with their forms in every optometrist's and ophthalmologist's office – that's huge."

Like Dr. Zoberi, Dr. Papadakis feels that CNIB offers hope to many Canadians experiencing vision loss.

"A lot of times patients are told there's nothing more that can be done," he says. "It happens all the time, every week. But in most cases, CNIB can help. As it turns out, all they needed was the right support."

The process of referring a patient couldn't be easier or faster. Eye care practitioners can make a referral by phoning 1-800-563-2642, completing our service request form online at www.cnib.ca or faxing it to 416-480-7700. Or, they can have their patient directly contact their nearest CNIB office.

CNIB will contact a client immediately, put them in touch with a specially trained staff member who determines how to best assist them, and refers them to the appropriate service providers to begin the rehabilitation process. With just one simple referral form, a patient's life can be transformed.

Thanks to CNIB, for people experiencing vision loss, the future looks a lot brighter.

Connecting patients with CNIB

There are many quick and easy ways to connect a patient with CNIB. You can:

- Make a verbal referral by calling us at **1-800-563-2642**
- Download a Request for Service form from www.cnib.ca and fax it to CNIB at **416-480-7700**
- Visit www.cnib.ca and complete our online form
- Have your patient directly contact one of CNIB's 55 local community offices

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renu® fresh™ is available in a VisionPak, a format exclusively for Eye Care Professionals.

renu® fresh.™ For a fresh lens feeling every day.

Dr. Tom Little – 2010 International Optometrist of the Year

The World Council of Optometry (WCO) announced on September 22nd, 2010, that its annual International Optometrist of the Year Award is to be post-humously awarded to Dr. Tom Little, who was killed whilst leading a humanitarian health mission in Nuristan province, Afghanistan.

Each year, this prestigious award recognises an individual who has shown 'outstanding commitment and contribution to both the profession of optometry and the community at large'.

Professor George Woo, President of the World Council of Optometry commenting on the award said "Dr. Little had dedicated his life to providing eye and vision care in a very difficult and challenging environment. Our thoughts are with his family, friends and colleagues, and the WCO is proud to recognise Dr. Little as an outstanding individual and professional."

Dr. Little was working for International Assistance Mission. It is estimated that International Assistance eye care work has benefited an estimated 5 million Afghans since 1966.

Originally from Kinderhook, New York, Dr. Tom Little had worked in Afghanistan for more than 30 years. He was a former member of the WCO Public Health Committee and had presented at the 2008 WCO World Optometric Globalisation Conference in London. He was a graduate of the Advanced Standing International Program at New England College of Optometry and an adjunct faculty member of the college. He was also involved in Volunteer Services for Optometry/ International (VOSH) and was due to speak at their annual meeting in October 2010.

This award was recognised at the WCO's World Conference on Optometric Education, held September 22nd to the 24th, 2010, in Durban, South Africa.

BY CHIP PARKER

Tom Little walked into the optical laboratory at the NOOR Eye Institute sometime in 1977 with a small bag of optical tools and stated that he was a licensed optician from New York and was wondering if he could be of help. He was there on another mission but had some free time. He started coming on a regular basis. Some months later he told me that the project he was working on was closing and asked if I had more work for him. I said that we did but didn't realize that there would be 33 years of it! None of us had any idea what that would mean.

From the days before the Russians first came in 1978, through the Russian invasion and subsequent withdrawal, the civil war crisis, early 90's, the Taliban, late 90's, the American invasion post 9/11, until his death, August 5 2010, Tom found something to do working through virtually every job at the hospital and clinics except surgery. He organized and oversaw the training of surgeons, nurses, technicians; he set up Afghanistan's first ophthalmic manufacturing pharmacy. He recruited visiting professors and short term personnel. He managed the hospital administration while carrying on a clinical load. His love was the optical lab and the clinic. He always found time for that even when it meant spending late nights, sometimes by gas lamp, finishing other jobs.

As the security situation declined, fewer and fewer organizations and people were left to do the work but Tom and Libby stayed to do what could still be done to keep eye care accessible to those who needed it in Kabul and in the outlying provinces. Many would say today, that had it not been for Tom the eye work in Afghanistan would have totally collapsed. In later years when the people and the organizations began to return Tom and Libby were there to welcome them.

Much of Tom's career was without formal training. His father was an ophthalmologist in a small town in upstate New York. Unusually, he had a special interest in refracting and taught Tom and employed him in his office as an assistant and an

optician. Tom came to Kabul with that experience and all his pre-med requirements, a couple of Master's degrees in unrelated fields, but no professional credentials beyond his optician's license. He started working with me in the clinic and I monitored his work and saw him strengthen in his clinical skills. We had a good library in our teaching hospital so it served almost as an independent residency program for Tom. In the early 2000's Tom found a window in his schedule and started to work toward getting a degree in optometry. The World Council was kind enough to invite and sponsor him to some of their conferences. At one of these, I spoke to Bina Patel and David Heath of New England College of Optometry (NECO) and told him of Tom's unique background. We all met together in Orlando at a WCO conference in the early 2000's. One of my arguments was, "Professionally we want to claim this guy as one of ours." The profession can now be proud that we can. With credit to David and Bina, who supported Tom's request, Tom was admitted to the NECO accelerated program. I don't think they were disappointed. Tom received his degree with honors and went back to Afghanistan professionally strengthened and now credentialed to do the work he had been doing all his life.

There is so much more to the story. The faith that brought him to Afghanistan, Tom's expression of his faith by his deeds, adventures that would make Indiana Jones look like a wimp—the deep and abiding friendships, the cold, the bullets, artillery shells and bombs, the diseases, the poor food, and the thousands of people he helped that otherwise would have been blind.

In a world where so much is said and so little is done Tom chose to say little and do much. Afghanistan and all who's lives he touched will miss him and mourn his death but be gladdened and encouraged by a life that was well lived.

Chip Parker was an active participant in the WCO from 1999 till 2006 serving on the International Development Committee. He was a friend of Tom's from the beginning of Tom's work in Afghanistan in 1977 and their lives and work have been intertwined since then. In addition to Afghanistan, Chip has worked for extended periods in Sri Lanka and Jordan with shorter terms in numerous other countries.

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*Euromonitor, Global Dollar Sales, Eye Health Supplements, 2009.

Conjunctival trauma following inadvertent use of nail glue containing cyanoacrylate, leads to patient education pamphlet

BY ETTY BITTON, OD, MSc, FAAO

ABSTRACT

Similarities in packaging, bottle size and cap design of nail glue with ophthalmic products has led to patient confusion and inadvertent use of nail glue causing ocular trauma both in the adult and pediatric population. Despite efforts and pressures from several reports, little has been achieved with respect to unregulated health and beauty products. This case report describes a conjunctival trauma caused by inadvertent use of nail glue and highlights the importance of patient education. Basic precautions, such as reading the label of ophthalmic medication under proper lighting and with adequate correction coupled with the segregation of ophthalmic products from others in the medicine cabinet, could prevent ocular injury. To this end, an awareness pamphlet has been created to bring further awareness to this issue.

Keywords: nail glue, ocular trauma, cyanoacrylate, patient education

Introduction

Numerous drops are commercially available for relief of ocular afflictions such as allergies, dry eye, contact lens related discomfort, glaucoma and ocular infections. Containers, similar in shape and size to eye drops are also available for other purposes, one being nail adhesive/glue. Cyanoacrylate[1], a synthetic adhesive found in nail glue, can cause strong adhesion of tissues with which it comes in contact, such as the eyelids or conjunctiva. Due to its inherent adhesive properties, cyanoacrylate has been reported to be useful in external ophthalmic surgical procedures such as sealing corneal perforations and tarsorraphy.[2, 3] Due to its rapid polymerization with water, a minimal amount is applied to a dried surface for tissue adhesion.[1]

Similarities in packaging of nail glue to ophthalmic products can lead to patient confusion and potentially harmful ocular trauma. The American Academy of Ophthalmology (AAO) initiated, in 1996, a colour coding system for the caps and labels of different new classes of ophthalmic solutions to minimize errors.[4] Table 1 summarizes the colour coding system which is updated regularly as classes of drugs are introduced.

TABLE 1

Colour scheme system for ophthalmic solution caps

Colour	Description	Pantone colour
Tan	Anti-infectives (antibiotics, antivirals, antifungals)	467
Pink	Anti-inflammatories or steroids	197
Grey	Non-steroidal anti-inflammatories (NSAID)	4
Red	Mydriatics/cycloplegics	1797
Green	Miotics	348
Yellow	Beta-blockers	Yellow C
Blue	Beta-blocker combinations	281
Purple	Adrenergic agonist	2583
Orange	Carbonic anhydrase inhibitors	1585
Turquoise	Prostaglandin analogues	326

Source: www.aao.org

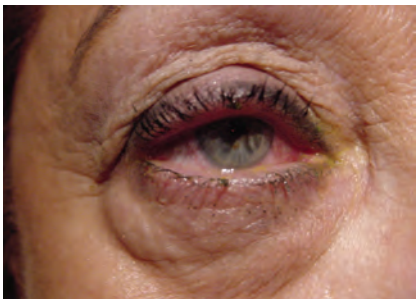

Figure 1: *Lid swelling associated with inadvertent instillation of nail glue in the eye.*

Similarities in size and shape of ophthalmic containers have lead to errors both by patients and medical personnel. Other health and beauty products, such as nail glue or superglue, with similar sizing to eye drops, have also been instilled inadvertently, both in adults and children. [5-12] Thankfully, since cyanoacrylate is synthetic and nonbiodegradable, spontaneous rejection of the glue occurs with relatively favorable prognosis dependent on the tissue affected.[13, 14]

Patient education can be the first line of defense in preventing potential harmful ocular trauma. Simple safeguards can be emphasized to patients, such as separation of all ophthalmic products from other health items as well as keeping all medications away from children. This case report highlights the preventative measures needed to avoid ocular injuries by inadvertent instillation of non-ocular health and beauty products, such as nail adhesive for artificial nails. As a result of this case report, a patient education pamphlet was designed to inform patients on how to prevent injuries in the home due to similarities in product appearance.

Case report

A 64 year old female was searching for eye drops to relieve some ocular discomfort after a late night out following removal of her soft contact lenses (CL). Confused by uncorrected vision, fatigue and similar looking containers in the dimly lit washroom, the patient inadvertently instilled nail adhesive in her right eye instead of the intended eye drops. The resulting severe burning and tearing provoked the patient to quickly blink and rinse her eye profusely. She reported that her lashes were stuck together for several minutes following the incident. The patient presented for consultation only 36 hours after the incident and reported progressive improvement of the condition, however the lids remained very swollen.

Upon presentation, the patient's symptoms included lid swelling of the right eye with mild ocular discomfort. The patient had ceased CL wear and reported no visual disruption. Presenting best corrected vision were good (OD $6/6^{-2}$, OS $6/6^{-1}$, OU 6/6). Slit lamp examination (SLE) of the right eye revealed a mild periorbital lid edema (Figure 1), a moderate (grade 2) bulbar conjunctival hyperemia (Figure 2) with a mild limbal congestion, a superior conjunctival hyperemia and a 6 mm wide tissue trauma, grade 4 (zone 1, 2, 3 and 4 as defined using the CCLRU grading scales)[15] (Figure 3). No foreign body was found under the upper lid. The lashes, palpebral margin, cornea and anterior

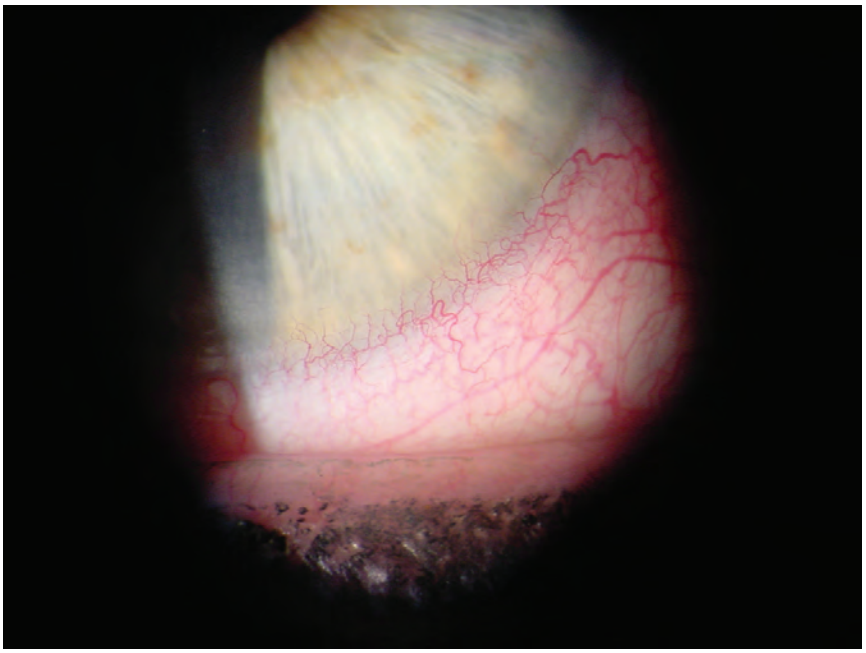

Figure 2: *Limbal hyperemia associated with ocular irritation from nail glue instillation.*

NEW IN CANADA

Introducing PrBESIVANCE™ for the treatment of Bacterial Conjunctivitis

- BESIVANCE™ is a new ophthalmic fluoroquinolone with demonstrated clinical efficacy in bacterial conjunctivitis
- BESIVANCE™ also has demonstrated activity in vitro against a broad spectrum of ocular Gram-positive and Gram-negative ocular pathogens[1]*
- Contains DuraSite - a polymeric mucoadhesive matrix drug delivery vehicle[2]

Demonstrated efficacy and excellent safety profile in patients 1 year of age and older[1]

* Clinical significance in ophthalmic infections is unknown.

BESIVANCE™ is indicated for the treatment of patients one year of age and older with bacterial conjunctivitis caused by susceptible strains of the following organisms:

Aerobic, Gram-Positive

- CDC coryneform group G
- *Staphylococcus aureus*
- *Staphylococcus epidermidis*
- *Streptococcus mitis*
- *Streptococcus oralis*
- *Streptococcus pneumoniae*

Aerobic, Gram-Negative

- Haemophilus influenzae

BESIVANCE™ is contraindicated in patients with known hypersensitivity to this drug, to other quinolones, or to any ingredient in the formulation or component of the container.

NOT FOR INJECTION INTO THE EYE. FOR TOPICAL OPHTHALMIC USE ONLY.

In three safety and efficacy trials, no serious adverse reactions related to Besivance™ were reported. The most frequently reported treatment-related ocular adverse events (possibly, probably or definitely related) in the study eye were blurred vision (1.9%), eye irritation (1.3%), and eye pain (1.2%).

BAUSCH + LOMB

PrBesivance™
besifloxacin ophthalmic suspension, 0.6%

References: 1. Besivance™ Product Monograph. October 23, 2009 2. Data on file

PAAB

See prescribing summary on page XXX

Pr Besivance™

Besifloxacin ophthalmic suspension, 0.6%

Prescribing Summary

Patient Selection Criteria

THERAPEUTIC CLASSIFICATION

Antibacterial (ophthalmic)

INDICATIONS AND CLINICAL USE

BESIVANCE™ is indicated for the treatment of patients one year of age and older with bacterial conjunctivitis caused susceptible strains of the following organisms:

Aerobic, Gram-Positive

- *CDC coryneform group G*
- *Staphylococcus aureus*
- *Staphylococcus epidermidis*
- *Streptococcus mitis*
- *Streptococcus oralis*
- *Streptococcus pneumoniae*

Aerobic, Gram-Negative

- *Haemophilus influenzae*

CONTRAINDICATIONS

BESIVANCE™ is contraindicated in patients with known hypersensitivity to this drug, to other quinolones, or to any ingredient in the formulation or component of the container.

Special Populations

Geriatrics (> 60 years of age): No overall differences in safety and effectiveness have been observed between elderly and younger patients.

Pediatrics (< 1 years of age): The safety and effectiveness of BESIVANCE™ in infants less than 1 year of age have not been established.

Pregnant Women: BESIVANCE™ should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Women: Caution should be exercised when BESIVANCE™ is administered to a nursing mother.

Safety Information

WARNINGS AND PRECAUTIONS

General

NOT FOR INJECTION INTO THE EYE. FOR TOPICAL OPHTHALMIC USE ONLY. BESIVANCE™ is a sterile suspension for topical ophthalmic use only, and should not be injected subconjunctivally, nor should it be introduced directly into the anterior chamber of the eye. There are no data to support use of BESIVANCE™ in patients with concomitant corneal injury/damage.

Contact Lenses: Patients should be advised not to wear contact lenses if they have signs and symptoms of bacterial conjunctivitis or during the course of therapy with BESIVANCE™.

Growth of Resistant Organisms with Prolonged Use: As with other anti-infectives, prolonged use of BESIVANCE™ may result in overgrowth of non-susceptible organisms, including fungi. If super-infection occurs, discontinue use and institute alternative therapy. Whenever clinical judgment dictates, the patient should be examined with the aid of magnification, such as slit-lamp biomicroscopy and, where appropriate, fluorescein staining.

Carcinogenesis and Mutagenesis

Long-term studies in animals to determine the carcinogenic potential of besifloxacin have not been performed.

ADVERSE REACTIONS

Adverse Drug Reaction Overview

In three safety and efficacy trials with 2377 patients enrolled, no serious adverse reactions related to BESIVANCE™ were reported. The most frequently reported treatment-emergent ocular adverse events in the study eye were blurred vision (2.1%), eye pain (1.9%), and eye irritation (1.4%).

To report an adverse event, contact your Regional Adverse Reaction Monitoring Office at 1-866-234-2345 or Bausch & Lomb at 1-888-459-5000

Administration

Instill one drop in the affected eye(s) 3 times a day for 7 days. If a dose of this medication has been missed, it should be taken as soon as possible. However, if it is almost time for the next dose, the missed dose should be skipped and return to the regular dosing schedule. Do not double dose.

Patients should be advised to thoroughly wash hands prior to using BESIVANCE™. Patients should be advised to avoid contaminating the applicator tip with material from the eye, fingers or other source.

Patients should be instructed to invert closed bottle (upside down) and shake once before use. Remove cap with bottle still in the inverted position. Tilt head back, and with bottle inverted, gently squeeze bottle to instill one drop into the affected eye(s).

SUPPLEMENTAL PRODUCT INFORMATION

WARNINGS AND PRECAUTIONS

Immune

Anaphylaxis and Hypersensitivity:

Besifloxacin is only commercially available for topical ophthalmic administration. While anaphylaxis or other hypersensitivity reactions have not been observed with topical ophthalmic use of besifloxacin in humans, the potential for such reactions should be considered since patients with known hypersensitivity to fluoroquinolones were excluded from clinical trials.

In patients receiving systemically administered quinolones, serious and occasionally fatal hypersensitivity (anaphylactic) reactions have been reported, some following the first dose. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial edema), airway obstruction, dyspnea, urticaria, and itching. If any allergic reaction occurs, BESIVANCE™ should be discontinued and appropriate therapy should be administered as clinically indicated.

Bacterial Conjunctivitis Trials

The rates of the most common treatment-emergent ocular adverse events irrespective of causality observed in eyes treated with BESIVANCE™ during the three bacterial conjunctivitis clinical trials are displayed in Table 1.

Table 1 - Incidence (%) of Treatment-Emergent Adverse Events Irrespective of Causality that Occurred in ≥ 1% of Study Eyes/Patients Treated with BESIVANCE™ or Vehicle in Bacterial Conjunctivitis Studies (Population: Safety1)

Adverse Events	Besifloxacin n=1187 (%)	Vehicle n= 614 (%)
Eye Disorders		
Vision Blurred	25 (2.1%)	24 (3.9%)
Eye Irritation	17 (1.4%)	18 (2.9%)
Eye Pain	22 (1.9%)	11 (1.8%)
Conjunctivitis	14 (1.2%)	15 (2.4%)
Eye Pruritus	13 (1.1%)	10 (1.6%)
Conjunctivitis Bacterial	7 (0.6%)	9 (1.5%)
Nervous System Disorders		
Headache	21 (1.8%)	11 (1.8%)

1 Safety population includes subjects treated for bacterial conjunctivitis that were randomized and received at least one dose of the study drug in the three safety and efficacy studies. BESIVANCE™ was tested in all three studies, while the vehicle was tested in only two of the studies.

Less Common Clinical Trial Adverse Drug Reactions (<1%)

Treatment-related adverse events (possibly, probably or definitely related) reported in 0.1 to 1.0% of eyes receiving BESIVANCE™ included:

Eye Disorders: eye pruritus, dry eye, conjunctivitis, conjunctivitis bacterial, punctate keratitis, conjunctival oedema, eye discharge, corneal infiltrates, corneal staining, eyelid margin crusting, keratoconjunctivitis sicca, foreign body sensation in eyes, conjunctival follicles, dry skin, eye disorder, instillation site pain, photophobia, visual disturbance.

Nervous System Disorders: headache

SYMPTOMS AND TREATMENT OF OVERDOSAGE

No information is available on overdosage of BESIVANCE™. A topical overdose of BESIVANCE™ may be flushed from the eye(s) with warm tap water.

Full Product Monograph available for health professionals at: http://www.bausch.ca

BAUSCH+LOMB

PAAB

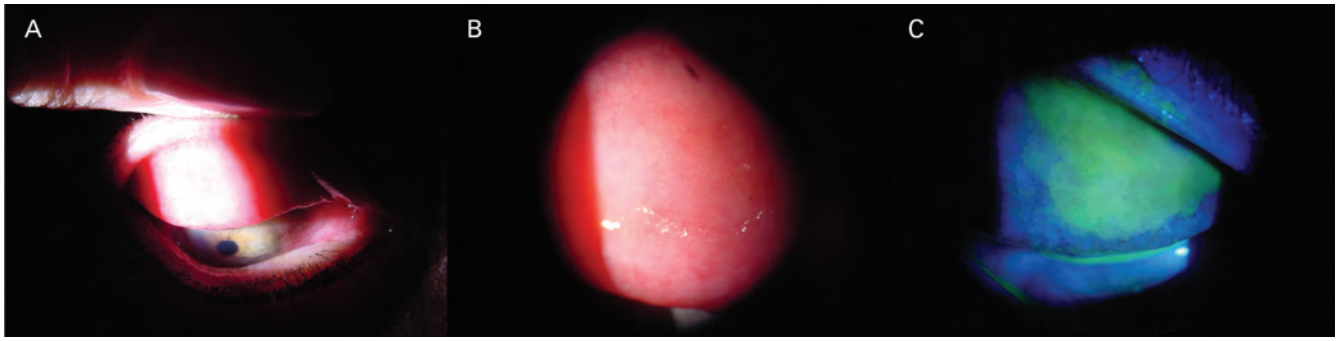

Figure 3: *Conjunctival trauma related to unintentional use of nail glue in the eye. The superficial layers were sloughed off resulting in a large area (6mm wide) of fluorescein uptake by zones 1-3 of the palpebral conjunctiva.*

chamber of the right eye revealed no anomalies or staining with fluorescein. The left eye revealed no anomalies. A mild meibomian gland (MG) obstruction was noted in both eyes, but the record revealed that this was a pre-existing condition. The remainder of the ocular exam was unremarkable.

The clinical management included an ocular lavage of the upper tarsus with a rinsing solution (Multipurpose Sensitive Eyes™, B+L) during the consultation and subsequent use of unpreserved ocular lubricants (BION™ Tears, ALCON) *qid* for 48 hrs. The patient was instructed not to use make-up or contact lenses until the next follow-up visit.

At the 48 hour follow-up visit, (now four days post-trauma), symptoms were vastly improved. No stinging or burning was reported and the patient reported that her affected eye "felt and looked" better. Best corrected acuities were OD/OS $6/6^{-1}$, OU 6/6. The SLE of the right eye revealed minimal lid edema, slight bulbar conjunctival hyperemia. Figure 4 reveals the slowly regressing superior conjunctival trauma (6 mm wide), grade 3 (zone 2, 3). The lashes, palpebral margin, cornea, anterior chamber revealed no anomalies. Clinical management included continuation of unpreserved tear lubricants *qid* for 7 days, no CL wear and a follow-up in one week.

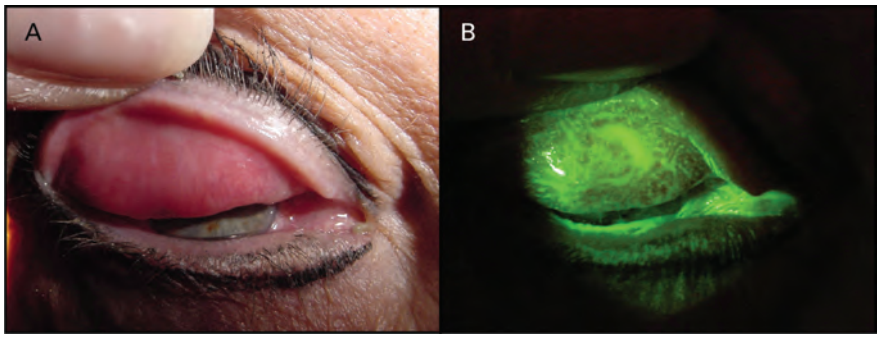

Figure 4: *Regressing conjunctival trauma at the 48-hour follow up visit (4 days post trauma).*

The patient was lost to follow-up due to hip replacement surgery followed by bed rest and physiotherapy sessions. She consulted four months later with vast improvement of her ocular condition. The patient had reinitiated CL wear several weeks prior and had no associated symptoms. She also reported that she had separated her ophthalmic products from other products in her medicine cabinet. Her vision remained stable (OD 6/6, OS $6/6^{-1}$, OU 6/6) and a SLE revealed no anomalies in either eye (Figure 5) except for the mild preexisting MG obstruction. Clinical management included lubricating drops, (Systane™, ALCON) *prn*, to aid with tear film stability, which was a bit worse in the right eye (tear break up time-TBUT OD 2-3 sec, OS 5 sec) and warm compresses and gland expression for the mild MG dysfunction. Routine follow ups at

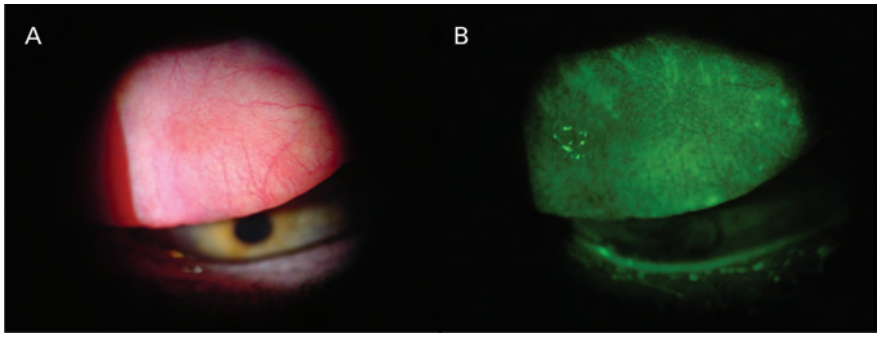

Figure 5: *Resolved conjunctival trauma 4 months post trauma.*

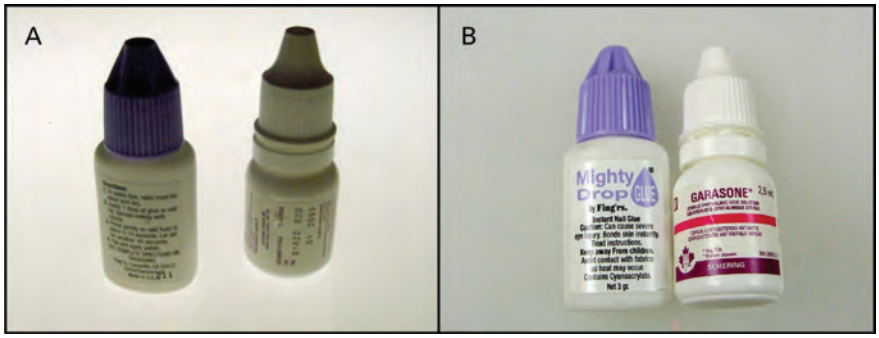

Figure 6: *Similarities of bottle size and caps between nail glue and an ophthalmic solution in (A) poor lighting conditions and (B) normal conditions.*

annual visits were recommended.

The patient was asked to bring the eye drop and the nail adhesive containers for comparison. Figure 6 shows the similarities in bottle size, shape and bell-shaped bottle cap, which were contributory factors, adding to the confusion. Although the caps were of different colours, the uncorrected vision following CL removal, dim lighting of the room and the tired state of the patient compounded by the fact that the containers were side by side were all contributory to the confusion. Further evaluation of the eye drops revealed that in fact they were not intended for CL related relief, but were a topical anti-infective (antibiotic steroid) that was used for a previous eye infection and were past their expiry date. This revelation prompted a discussion with the patient about proper identification of ophthalmic products and appropriate placement of products in the medicine cabinet and the disposal of expired medication.

Discussion

The similarities in packaging of ophthalmic preparations and other beauty products, such as nail adhesive, have been the cause of numerous unnecessary ocular trauma, reported both in the adult and pediatric population.[5-11] Despite efforts to bring awareness to this issue, similarities in product

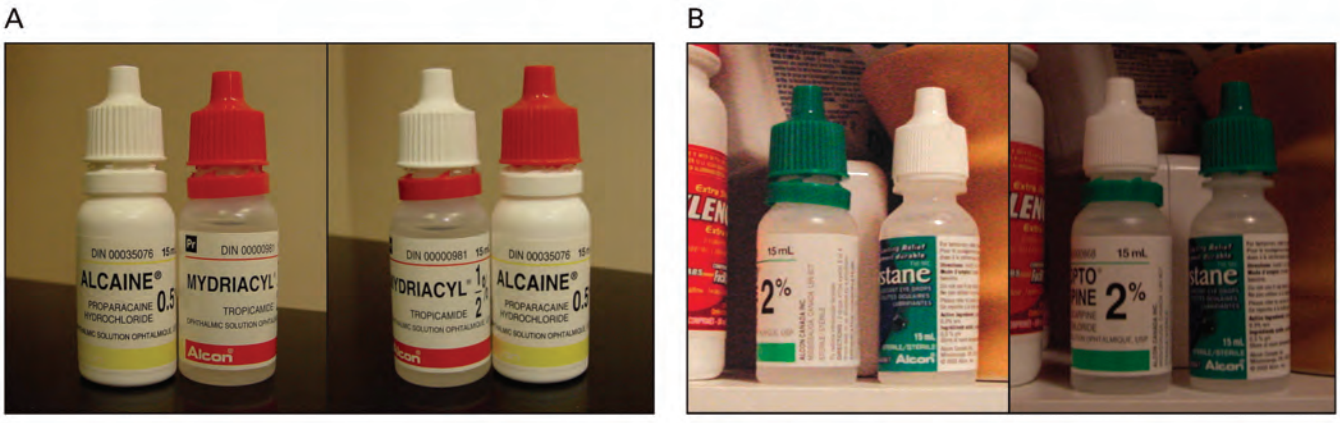

Figure 7: *Interchangeable caps and similar colouring can cause confusion between drops intended for (A) pupillary dilation and topical anesthetics or between (B) ocular lubricants and glaucoma medication.*

Partner Profile
Profile de partenaire

Optometric Services Inc. (OSI), Canada's Largest Network of Optometrists
Services Optométriques Inc. (SOI), Le plus grand réseau d'optométristes au Canada

Over the years, Canadian Independent Optometry has evolved at a rapid pace. With the proliferation of big box stores, franchises, marketing banners and investment groups, Independent Optometry has seen its market share diminish. Now more than ever it is imperative that optometrists operating full-scope independent practices join forces in order to face these competitors in a competent and efficient manner.

OSI was founded in 1983 and is owned exclusively by independent optometrists who purchase shares in the company. At present more than 1,500 optometrists owning and operating more than 750 clinics make up the OSI network. OSI offers a multitude of essential services that allow independent optometrists to be more competitive in their respective markets.

These services include:
- Centralized billing.
- Supplier negotiations.
- Advantageous supplier discounts.
- Marketing and advertising services solely dedicated to Independent Optometry.
- "In-Field" Regional Account Managers.
- A Sophisticated clinic management software.
- Internal financing of equipment purchases.
- Exclusive private labels.
- Training seminars offering CE credits.
- And much more…

Since its inception, OSI has consistently welcomed new members to the network.

Those clinics benefit rapidly from considerable discounts on their purchasing and see tangible results on their operations when using one or several of the aforementioned services provided by the network.

These members look to OSI in order to help them maintain and grow their market share in what has become an increasingly competitive environment. OSI members benefit from attractive supplier discounts and avail themselves of the aforementioned services.

With all its benefits, and without any membership fees, OSI is indisputably the most performing tool when it comes to generate value for the optometrists. Help strengthen the Canadian Independent Optometry and join Canada's Largest Network of Optometrists right away. Please contact us at (800) 363-4096 or visit our website at **www.opto.com**.

Au fil des années, les optométristes indépendants canadiens ont perçu que leur industrie changeait et ce à un rythme effréné. Apparition de bannières, grandes surfaces, groupes financiers et autres joueurs, cela ne laisse plus beaucoup d'espace pour les optométristes indépendants et propriétaires…à moins de joindre leurs forces pour faire face à ces nouveaux joueurs de manière compétitive et efficace.

Fondée en 1983, SOI compte plus de 750 cliniques membres, dans lesquelles plus de 1 500 optométristes pratiquent. Appartenant exclusivement aux optométristes membres, le regroupement offre une multitude de services essentiels qui permettent aux optométristes indépendants d'être plus concurrentiels sur leurs marchés respectifs.

En effet, les membres bénéficient, entres autres :
- d'une centrale de négociation, d'achat et de facturation avec les fournisseurs les plus réputés de l'industrie
- de taux d'escomptes plus qu'avantageux
- de services marketing et publicité spécialisés en optométrie
- d'un système de gestion informatisée des plus sophistiqués
- de services de financement d'achats d'équipements
- de marques privées exclusives
- de séminaires de formation
- et bien plus encore…

Depuis sa fondation, SOI recrute régulièrement de nouvelles cliniques qui veulent prendre leur juste place dans un environnement de plus en plus compétitif. Ces cliniques réalisent en peu de temps des économies considérables sur leurs achats et voient des résultats tangibles sur leurs opérations en utilisant un ou plusieurs services offerts par le regroupement.

Avec tous ses atouts, et sans frais d'adhésion, SOI est sans contredit l'outil le plus performant lorsqu'il s'agit de générer de la valeur pour les optométristes. Joignez la force d'un réseau d'optométristes propriétaires dès maintenant en nous contactant au 514-762-2020 ou 1-800-363-4096. **www.opto.com**

Patient Education Pamphlet

packaging continues to threaten patients' safety.

Although colour coding the bottle caps has improved the identification of ophthalmic products both for in-office use and home purposes, interchangeable caps can still lead to mistakes. For example, attention in the practitioner's office in recapping bottles intended for pupillary dilation is extremely important so as not to inadvertently dilate a patient at risk for angle closure. At home, interchangeable caps may lead to instillation of tear lubricants or anti-infectives instead of glaucoma medication. Figure 7 demonstrates interchangeable caps between drops intended for papillary dilation and topical anesthetics and between ocular lubricants and glaucoma medication. In the latter case, the green cap looks well coupled with the ocular lubricant since the label has a similar colour.

Similarities in package appearance amongst leading contact lens solutions can also lead to inadvertent instillation of the wrong solution, such as hydrogen peroxide instead of multipurpose solutions. Manufacturers have attempted to address the problem by making the bottle tip red, instead of the cap, to identify the hydrogen peroxide solution. Red is usually interpreted by patients as an alert to potential harm and can momentarily stop/alert the patient to properly read the label. This induced moment of hesitation can prevent unnecessary hydrogen peroxide burns of the corneal and conjunctival surfaces.

Suggestions for improved packaging have included different size and shape containers, non-interchangeable caps, colour coding caps and/or containers, child safety caps and Braille warning on bottles[5-11, 16, 17]. A different bottle cap design for nail adhesive has been suggested incorporating a child safety feature such as alignment of arrows which would require good lighting and acuity prior to opening.[6] In addition to changes in packaging and bottle cap design,

Five simple precautions !

1. Use good lighting and proper correction when selecting medications.
2. Always read the label to make sure you have the correct product.
3. Beware of similarities in packaging, bottle size, shape and interchangeable caps.
4. Separate your eye medication from all other products.
5. Always keep medication, including health and beauty products, such as nail glue, away from children.

If you have any questions concerning any eye care products, check with your eye care practitioner.

Your eye care practitioner is:

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Separate similar colour caps

Although industry standards exist for colour coding of bottle caps for eye medications, this is not the case for other health & beauty products, such as nail glue. Separating eye medications will prevent inadvertent use of nail glue or other products (both in adults and curious children).

Organize your cabinet

An ounce of prevention goes a long way. Organize your medicine cabinet and separate the products intended for the eyes from all other products.

patient awareness must be included in the overall prevention of these types of ocular trauma.

Patient education should include the segregation of all ophthalmic preparations and CL solutions from other health and beauty products or other household items. Precaution such as carefully reading the contents of the container and its intended use in a well lit environment with the best correction possible could prevent injury. Proper patient instruction in respecting the coloured bottle cap is important in the proper management of the patient's ocular condition, especially in the presence of more than one ophthalmic medication. Furthermore, all medication, prescribed or over-the-counter, should be kept out of the reach of children.

In an attempt to bring further awareness to the errors caused by similarities in packaging and labeling of ophthalmic medications, some organizations have asked for people to sign an e-petition on the "look alike, sound alike" (LASA) issue.[18] Hopefully this will bring further attention to this issue that will ultimately benefit patients' safety in the use of ophthalmic products. A collaborative effort including manufacturers, health organizations, healthcare providers and patients should address packaging issues (colour, font size for the visually impaired, similarities with other products), safety features (caps, expiry dates) and establish a quality assurance system to assess the effectiveness of these new efforts.

To assist the eye care community in bringing further awareness to this issue, a patient awareness pamphlet has been created entitled "Preventing eye injuries in the home: Avoiding errors due to similarities in appearance". The pamphlet illustrates packaging similarities, interchangeable bottle caps, similarly coloured caps with other health and beauty products and the importance of organizing

the medicine cabinet to segregate ophthalmic products. The pamphlet highlights the importance of lighting when reaching for any kind of medication so as to properly identify the intended container. Eye care practitioners can make the pamphlets readily available to their patients and staff both in the office as a hard copy or electronically via electronic newsletters or as a link on their websites.

Clinic environments such as hospitals, optometry school clinics and other multidisciplinary clinics have numerous people interacting with each other. Bottles of diagnostic medications are usually left in examining rooms and vigilance amongst workers in replacing the appropriate bottle caps and applying the necessary precaution when instilling eye drops of any kind is important to maintain patient safety. Interchangeable bottle caps render the discrimination of ophthalmic solutions by colour unreliable. There is no better universal precaution than accurately reading the label under proper illumination and with an adequate correction prior to instillation on the ocular surface.

Summary

Ocular injuries with inadvertent use of nail glue due to similarities in packaging, bottle size and cap design have been reported repeatedly in the literature and remain a concern for patient safety. This case report describes a conjunctival trauma caused by inadvertent use of nail glue and highlights the importance of patient education in preventing ocular trauma by segregating ophthalmic preparations. Basic precautions such as reading the label of ophthalmic medication under proper lighting and with adequate correction coupled with the segregation of ophthalmic products from others in the medicine cabinet could have prevented the injury. To that end, an awareness pamphlet has been created to bring further awareness to this issue.

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